

**QUALITY ASSURANCE REPRESENTATIVE/INSPECTOR
RECOMMENDATION/DESIGNATION**

CANDIDATE NAME

RATE

I. DIVISION OFFICER RECOMMENDATION

In accordance with the current OPNAVINST 4790.2 the above named person is recommended for:

☐ QAR

☐ CDQAR

☐ CDI

FOR: (AIRCRAFT/SYSTEM/WORK CENTER/ETC.)

DIVISION OFFICER TYPED NAME AND RANK

SIGNATURE

DATE

II. QUALITY ASSURANCE/ANALYSIS OFFICER ENDORSEMENT

The candidate has been examined in accordance with the current OPNAVINST 4790.2 and has passed all requirements satisfactorily. Recommend approval.

QA/A OFFICER TYPED NAME AND RANK

SIGNATURE

DATE

III. MAINTENANCE OFFICER ACTION

☐ DESIGNATED

☐ NOT DESIGNATED

MAINTENANCE OFFICER TYPED NAME AND RANK

SIGNATURE

DATE

IV. DESIGNEE RESPONSIBILITY

I UNDERSTAND MY RESPONSIBILITY AS SET FORTH HEREIN:

"When performing inspections, I am considered to be the direct representative of the Commanding Officer for ensuring safety of flight of the time concerned. I will not permit factors, such as operational desires, maintenance consideration, personal relations or the approach of liberty to modify my judgement. By signing an inspection report, I am certifying upon my own individual responsibility that the work involved has been personally inspected by me, that it has been properly completed and is in accordance with current instruction and directives; that it is satisfactory; that any related parts or components which may have been removed by the work are properly replaced and all parts are secure; and that the work has been performed in such a manner that the item is completely safe for flight or use."

DIVISION OFFICER TYPED NAME AND RANK

STAMP NO.

SIGNATURE

DATE

OPNAV 4790/12 (Rev AUG 1990)

Original to: Individual
Copy to: Quality Assurance/Analysis Officer
Division Officer